

CAPF 101T-CUL-COMMUNICATIONS UNIT LEADER

Advanced Training		Trainer's CAPID and Date Completed
Task		
Demonstrate the ability to keep a log		
Demonstrate the ability to setup communications equipment at mission base		
Demonstrate the ability to prepare an emergency communications plan		
Demonstrate the ability to handle an overdue radio check-in		
Demonstrate the ability to run an emergency communications network		
Demonstrate communications planning		
Complete Task L-0001 (Basic Communications Procedures for ES Operations)		
Complete the current continuing education examination for communications unit leaders		
<p align="center">Exercise Participation</p> <p>The above listed member satisfactorily participated as a Communications Unit Leader trainee under my direct supervision on mission number _____.</p>		
<p>QUALIFIED SUPERVISOR'S SIGNATURE _____</p> <p>DATE _____</p>		
<p>The above listed member satisfactorily participated as a Communications Unit Leader trainee under my direct supervision on mission number _____.</p>		
<p>QUALIFIED SUPERVISOR'S SIGNATURE _____</p> <p>DATE _____</p>		
<p align="center">Unit Certification and Recommendation</p> <p>The above listed member has completed the requirements for the Communications Unit Leader specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.</p>		
<p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____</p> <p>DATE _____</p>		

CAPF 101T-CUL, MAY 01 REVERSE

SPECIALTY QUALIFICATION TRAINING CARD COMMUNICATIONS UNIT LEADER		
NAME (Last, First, MI)	CAPID	DATE ISSUED
<p align="center">Prerequisites</p>		
Item	Date Completed	
Qualified GES		
Qualified Mission Radio Operator		
Complete Advanced Communications User Training		
<p>The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-CUL.</p>		
<p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____ DATE _____</p>		
<p align="center">Familiarization and Preparatory Training</p> <p align="center">Trainer's CAPID and Date Completed</p>		
Task	Date Completed	
Demonstrate knowledge of principles and features of ICS		
Demonstrate knowledge of the ICS Organization		
Demonstrate knowledge of incident facilities		
Demonstrate knowledge of incident resources		
Demonstrate knowledge common responsibilities in ICS		
Demonstrate knowledge of the communications unit leader's responsibilities		
<p>The above listed member has completed the required familiarization and preparatory training requirements for the Communications Unit Leader specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.</p>		
<p>UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE _____</p> <p>DATE _____</p>		

CAPF 101T-CUL, MAY 01 **OPR/ROUTING: DOS**
 PREVIOUS EDITION (101T, OCT 95) WILL NOT BE USED AFTER 31 OCTOBER 2001